INFANCY, CHILDHOOD & RELATIONSHIP ENRICHMENT INITIAL ASSESSMENT (May Be Used for Birth -5 yrs)

MH-645 Revised 10/1/15

(See Reference Manual)

Page 1 of 13

Initial Con	tact Date:		Date Form Comple	ted:
I. IDENTIFYING INFORMATION				
Name:	Child DOB:		Age:	Agency of Primary Responsibility Refer to "MH 525: Contact Information" form for detailed
	G			contact information.
	Preferred Langi			☐ DMH ☐ DCFS ☐ Probation ☐ School District
-	 Number):	_		Others
		iological		
Mother's Name:		-		
	DOB:			DOB:
Address:				
	Work:			Work:
Preferred Language:			Preferred Language	e:
Interviewed: Yes	No Interpreter Used: Yes	□No	Interviewed: Yes	□No Interpreter Used: □Yes □No
Language Used for Int	erview:		Language Used for	Interview:
Adoptive Name:	Re	r 🔲 Iationship	Kinship/Relative to Child:	e Primary Caregiver) Group Home DOB:
Marital Status:	Phone:		Work:	
		sed for In	terview:	Interpreter Used:
II. REASON FOR REFERI	RAL/CHIEF CONCERN			
Why Referred? Type of help family is				
hoping to receive.				
Current Primary Symptoms/Behaviors impairments in life functioning				
Describe Onset, Duration&				
Frequency				
Describe child & family strengths				
	provided to you in accord with State ons including but not limited to	lame:		MIS #:
applicable Welfare and Institution	ons Code, Civil Code and HIPAA	gency:		Prov. #:
disclosure is prohibited without	prior written authorization of the o who it pertains unless otherwise		Los Angeles County – l	Department of Mental Health

INFANCY, CHILDHOOD & RELATIONSHIP ENRICHMENT INITIAL ASSESSMENT (Continued) (See Reference Manual)

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	TORY OF F	
(Caregiver perception of cause, a	nempied	solutions, possible triggers to onset, etc.)
		PBLEM AREAS per relations, tics, etc., frequency & onset)
(0.00) (0.00) (0.00)	, 00 0.0, p 0	
III. PHYSICAL STATUS		
SOURCE OF INFORMATION: PHYSICIAN CONSUL REPORT DATE OF LAST PHY		□ MEDICAL RECORDS □ PARENT/CAREGIVER
ACUTE ILLNESS/MEDICAL PROBLEMS: (List)		
CURRENT MEDICATIONS:		
☐ CHRONIC ILLNESS ☐ FAILURE TO THRIVE ☐ GROV	VTH DELA	Y NUTRITIONAL CONCERNS ASTHMA ALLERGIES
☐ EAR INFECTIONS: # OF TIMES TREATED WITH ANTI	BIOTICS P	ER YEAR:
□ DEAFNESS (Partial / Total) □ BLINDNESS (Partial)	/Total) [LEAD LEVEL TESTED: (Date/Details)
	•	JMA: (Type)
·		BRAL PALSY OTHER:
SURGERIES: (Date/Details)		
OTHER CHRONIC HEALTH PROBLEMS:		
	Lands Sn	ing Extramities Edge Conitalia Skin):
VISIBLE ABNORMALITIES/MALFORMATIONS (Head, F	10110s, sp	irie, Extrettilles, race, Gerillalia, Skirij.
DETAILS REGARDING ABOVE:		
	1	
This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable	Name:	MIS #:
Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited	Agency:	Prov. #:
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INFANCY, CHILDHOOD & RELATIONSHIP ENRICHMENT INITIAL ASSESSMENT (Continued) (See Reference Manual)

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IV. DEVELOPMENTAL HI	STORY (ADD PAGES IF NECES	SSARYI		
	•		L INFORMATION	
PRENATAL CARE: 🗆 N	ONE INTERMITTENT RE	GULAR [OTHER:	
	TIONS/CONCERNS: Illnesses, cify?)			cy. Maternal use of alcohol,
POSTPARTUM PSYCHIA	TRIC PROBLEMS: NO Y	ES (Onset	& Duration)	
		BIRTH HIS	TORY	
TERM (mos.):	BIRTH WEIGHT (LB/oz):	BIF	RTH LENGTH (inches):	MOM's AGE:
				DAD's AGE:
				ANESTHESIA USED:
	i:			
	R PERCEPTIONS OF PREGNAN			
Breast-fed/Bottle-fed		FEEDING	;	
combination? Duration and age				
weaned?				
Age of taking				
cereal,				
solids. Types?				
Feeding difficulties?				
Frequency & onset?				
Spitting up, sucking problems, refusal to				
eat, over-eating,				
fussy eater?				
Frequency of				
eating?				
Signals of hunger/satiation?				
Self-regulation?				
Federal laws and regulations in	provided to you in accord with State and accluding but not limited to applicable	Name:		MIS #:
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INFANCY, CHILDHOOD & RELATIONSHIP ENRICHMENT INITIAL ASSESSMENT (Continued) (See Reference Manual)

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			SLEEPING PATTERNS
Good sleeper? How did s/he sleep in past week? Last night? Is this typical?			
Length and frequency of naps, nighttime sleep?			
Difficulty falling asleep, waking? Frequency & onset			
Describe your child's personality: over-active/highly reactive or under-reactive/slow to respond, easy-going, anxious?			TEMPERAMENT
Is your baby colicky, fussy, cries a lot? How often & how long does your baby cry?			
Is it easy to read your baby's signals and moods?			
How responsive is your baby to you? Easy or difficult to soothe? What soothing strategies do you see?			
	provided to you in accord with State and acluding but not limited to applicable	Name:	MIS#:
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INFANCY, CHILDHOOD & RELATIONSHIP ENRICHMENT INITIAL ASSESSMENT (Continued) (See Reference Manual)

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IV. DEVELOPMENTAL HISTORY (Continued)	
Developmental Milestones (Describe if not within normal limits) See Reference Manual. Address domains: sensory, motor, socio-emotional, lang cognitive and adaptive / self help	Environmental Stressors See Reference Manual. Moves; schools; separation; losses of family/friends, changes in family composition, SES, lifestyle exposure to family conflict/violence; major illnesses; abuse placements, etc.
Infancy: 0-6 mos. Smiles back Rolls over Turns to sound Babbles Plays with objects	Infancy: 0-6 mos.
6-12 mos. Stranger anxiety Sits upright/walks Responds to name Object constancy Says 1-2 words	6-12 mos.
12-18 mos. Reciprocal play Eats with spoon Tolerates noises Jumps with 2 feet Says 4-6 words	12-18 mos.
18-24 mos. Words for feeling Balance on 1 foot Brushes teeth/hair 2-3 word sentence Pretend play	18-24 mos.
24-36 mos. Toilet trained? Throws ball Uses "I" 2-step request Uses "big/little"	24-36 mos.
36-60 mos. Uses scissors Climbs a ladder Uses sentences Draws a line Symbolic play	36-60 mos.
	AL ASSESSMENT TOOLS & RESULTS ionnaires or formal testing)
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INFANCY, CHILDHOOD & RELATIONSHIP ENRICHMENT INITIAL ASSESSMENT (Continued) (See Reference Manual)

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V. CURRENT FAMILY SYSTEMS REVIEW		
Family Members Living in Child's Current Home (Identify relation & age)		
(i.e., i.e., i.e., e.e.,		
Who else lives in		
your home?		
Apt/house?		
Enough space?		
Always lived here?		
Family relations		
Get along with		
each other?		
Extended family? Friends?		
Social/ other		
supports?		
DCFS support?		
Family History:		
Medical		
Psychiatric		
Legal/Criminal		
Alcohol/Drug		
Family cultural		
identity?		
Immigration		
history? Religion? Spiritual		
practice?		
Family strengths?		
DCFS/Abuse/		
Placement History		
& Plans		
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INFANCY, CHILDHOOD & RELATIONSHIP ENRICHMENT INITIAL ASSESSMENT (Continued) (See Reference Manual)

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V. RELEVANT PAST FAMILY SYSTEMS REV Family Members Not Currently Living in		if client has had more than one Relevant Family System)
(Identify relation & age)	Omia 5 Home	
Who else lived in		
your home?		
Apt/house?		
Enough space?		
Always lived there?		
Family relations		
Get along with		
each other?		
Extended family?		
Friends?		
Social/ other supports?		
DCFS support?		
2010 3000011.		
Family History:		
Medical		
Psychiatric		
Legal/Criminal		
Alcohol/Drug		
Family cultural		
identity?		
Immigration		
history?		
Religion? Spiritual		
practice?		
Family strengths?		
, 0		
Family Visitation &		
Involvement Plan		
Visitation schedule		
Engagement in child's		
assessment		
This confidential information is provided to you in accord		MIS #:
Federal laws and regulations including but not limited Welfare and Institutions Code, Civil Code and HIPAA Pri	i to applicable	IVIII II •
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INFANCY, CHILDHOOD & RELATIONSHIP ENRICHMENT INITIAL ASSESSMENT (Continued) (See Reference Manual)

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INFANCY, CHILDHOOD & RELATIONSHIP ENRICHMENT INITIAL ASSESSMENT (Continued) (See Reference Manual)

Provide a description of this child based on your observations.

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VII. MENTAL STATUS / BEHAVIORAL OBSERVATIONS: CHILD

Include relevant features from below. Be sure to address relevant features from each **bolded** category below.

Appearance

Dress, grooming, unusual physical characteristics

Behavior

Activity level, mannerisms, eye contact, manner of relating to parent/therapist, motor behavior, aggression, impulsivity

Socio-Emotional/Mood/Affect

Shy, fearful, labile, sad, blunt, irritable, aggressive, passive, depressed, anxious, risk to self or others
State regulation

Cognitive

Attention span and play are age appropriate, problem-solving ability

Communication/Language

Verbal/nonverbal, receptive/expressive, age appropriate

Sensorimotor

Visual, auditory, tactile, vestibular, proprioceptive, taste, textures, smells (avoidant, neutral, seeking)

Gross Motor

Coordination, motor planning, muscle tone (low, floppy, tense), postural stability

Fine Motor

Coordination, tremors, etc.

Adaptive Functioning

Age appropriate self-care, feeding, toileting

Strengths

Adaptive capacity, strengths & assets, cooperation

State and pplicable tandards. rohibited sentative

Name:

Agency:

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Los Angeles County – Department of Mental Health

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INFANCY, CHILDHOOD & RELATIONSHIP ENRICHMENT INITIAL ASSESSMENT

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VIII. OBSERVED CAREGIVER - CHILD INTER	ACTION		
Be sure to address relevant features from each bolded category below.		sed on your observations of ch interaction.	ild & caregiver
Behavioral Observations			
Eye contact Behavioral quality of the interaction Affective tone Psychological involvement (DC 0-3R, Axis II)			
Capacities for Emotional and Social Functioning			
Attention and regulation Forming relationships/mutual engagement Intentional two-way communication Complex gestures and problem solving Use of symbols to express thoughts/feelings Connecting symbols logically/abstract thinking (DC 0-3R, Axis V)			
Attunement, Balance & Congruence			
Caregiver sensitive to infant cues and responds accordingly.			
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IX. BEHAVIORAL OBSERVATIONS & INTERVIEW with	1 CAREGIVER
	ovide a description based on your observations of child & caregiver interaction.
Behavioral Observations Appearance, manner of relating, expressive style, mood/affect	
Caregiver's Perceptions and Expectations Of the child/baby Of his/herself and parenting	
Insight/Strengths/Challenges Adaptive capacity, strengths & assets, cooperation, insight, judgment, motivation for treatment	
X. SUMMARY & FORMULATION	
	ry family and environmental issues that support diagnosis. Be sure to include ing i.e. school, home, community, living arrangement, etc.)
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XI. DIAGNOSTIC CLASSIFICATION DC: 0 - 3R DIAGNOSIS: ICD 10 DIAGNOSIS CODE: (To be entered in the IS/IBHIS) Axis I (Primary Dx): Secondary: ____ Axis II: (Relationship Classification) Other: Relationship No Some Substantial quality evidence evidence* evidence Other: _____ Overinvolved Underinvolved Other: _____ Anxious/Tense Angry/Hostile Other: _____ VerballyAbusive PhysicallyAbusive SexuallyAbusive Other: _____ *Needs further investigation PIR-GAS w/Caregiver I: _____(Caregiver:_____PIR-GAS w/Caregiver 2: ____(Caregiver:_____PIR-GAS w/Caregiver 3: ____(Caregiver:_____ Axis III (Medical & Dev. D/O): **Axis IV** (Psychosocial Stressors): Source: Effects: ____ Mild___Moderate ____Severe Duration: ____ Age of onset:_____ Acute: ____ Enduring: ____ Axis V (Functional Emotional Developmental Level): 1 = age-appropriate under all conditions and full range of affect 2 = age-appropriate but vulnerable to stress and/or constricted range of affect 3 = has capacity but not at age appropriate level 4 = inconsistent/needs support and structure to function at this 5 = barely evidences capacity even with support 6 = has not reached this level N/A = not applicableAttention and regulation (0-3 mos) Forming relationships/mutual engagement (3-6 mos) Intentional two-way communication (4-10 mos) Complex gestures and problem solving (10-18 mos) Use of symbols to express thoughts and feelings (18-30 mos) Connecting symbols logically and abstract thinking (30-48 mos) This confidential information is provided to you in accord with State and Name: **MIS #:** Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited Prov. #: Agency: without prior written authorization of the client/authorized representative Los Angeles County - Department of Mental Health to who it pertains unless otherwise permitted by law.

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XII. DISPOSITION/RECOMMENDATI					
(Consider collaboration between systems		s impact on t	the child and family	/)	
XIII. REFERRALS GIVEN					
AIII. REIERRALO OIVER					
SERVICE:					
REFERRED TO:					
DATE: CONTAC	CT NAME:			PHONE NUMBER:	
SEDVICE:					
SERVICE:					
REFERRED TO: CONTAC				PHONE NUMBER:	
DATE: CONTA	OT 147 WIL			THORE NOMBER	
SERVICE:					
REFERRED TO:					
DATE: CONTAC	CT NAME:			PHONE NUMBER:	
XIV. SIGNATURES					
ATT. GIGITATIONES					
ASSESSOR'S SIGNATURE	TITLE		DISCIPLINE		DATE
CO-SIGNATURE	TITLE		DISCIPLINE		DATE
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Welfare and Institutions Code, Civil Code and HIP Duplication of this information for further di	sclosure is prohibited	Agency:		Prov.	#:
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